

RECEIVED

By Carla Engel at 7:24 am, Mar 05, 2020



Notice of Service of Process

null / ALL
Transmittal Number: 21222896
Date Processed: 03/04/2020

Primary Contact: General Counsel null
Mutual of Omaha
Mutual Of Omaha Plaza
3301 Dodge Street
Omaha, NE 68175

Electronic copy provided to: Leslie Hagg
Linda Elliott
Amy Schmitt
Carla Engel

Entity:	United of Omaha Life Insurance Company Entity ID Number 0665325
Entity Served:	United Omaha Life Insurance Company
Title of Action:	Maria Drew-Cushingberry vs. United Omaha Life Insurance Company
Document(s) Type:	Summons/Complaint
Nature of Action:	Contract
Court/Agency:	Wayne County Circuit Court, MI
Case/Reference No:	20-002971-CK
Jurisdiction Served:	Michigan
Date Served on CSC:	03/03/2020
Answer or Appearance Due:	21 Days
Originally Served On:	CSC
How Served:	Personal Service
Sender Information:	Gad L. Holland 313-965-0400

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To avoid potential delay, please do not send your response to CSC

251 Little Falls Drive, Wilmington, Delaware 19808-1674 (888) 690-2882 | sop@cscglobal.com

Approved, SCAO

Original - Court
1st Copy- Defendant2nd Copy - Plaintiff
3rd Copy -Return**STATE OF MICHIGAN
THIRD JUDICIAL CIRCUIT
WAYNE COUNTY****SUMMONS****CASE NO.
20-002971-CK
Hon.Martha M. Snow**

Court address : 2 Woodward Ave., Detroit MI 48226

Court telephone no.: 313-224-6889

Plaintiff's name(s), address(es), and telephone no(s)
Drew-Cushingberry, Maria

v

Defendant's name(s), address(es), and telephone no(s).
United Omaha Life Insurance Company

Plaintiff's attorney, bar no., address, and telephone no

Gad L. Holland 26655
500 Griswold St Ste 2435
Detroit, MI 48226-4491

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

- ☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- ☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
- ☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

- ☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035
- ☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
- ☒ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
- ☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has

been previously filed in ☐ this court, ☐ _____ Court,

where it was given case number _____ and assigned to Judge _____.

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

SUMMONS**NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date
2/26/2020Expiration date*
5/27/2020Court clerk
Deborah Bynum

Cathy M. Garrett- Wayne County Clerk.

*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

MC 01 (9/19)

SUMMONS

MCR 1.109(D), MCR 2.102(B), MCR 2.103, MCR 2.104, MCR 2.105



SUMMONS
Case No. : **20-002971-CK**

PROOF OF SERVICE

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

☐ **OFFICER CERTIFICATE**

OR

☐ **AFFIDAVIT OF PROCESS SERVER**

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party (MCR 2.104[A][2]), and that: (notarization not required)

Being first duly sworn, I state that I am a legally competent adult, and I am not a party or an officer of a corporate party (MCR 2.103[A]), and that: (notarization required)

☐ I served personally a copy of the summons and complaint.

☐ I served by registered or certified mail (copy of return receipt attached) a copy of the summons and complaint, together with _____

List all documents served with the Summons and Complaint

_____ on the defendant(s):

Defendant's name	Complete address(es) of service	Day, date, time

☐ I have personally attempted to serve the summons and complaint, together with any attachments, on the following defendant(s) and have been unable to complete service.

Defendant's name	Complete address(es) of service	Day, date, time

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee \$	Miles traveled \$	Fee \$	
Incorrect address fee \$	Miles traveled \$	Fee \$	Total fee \$

Signature _____

Name (type or print) _____

Title _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the summons and complaint, together with _____ Attachments

_____ on _____
Day, date, time

Signature _____ on behalf of _____

20-002971-CK FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 2/26/2020 10:48 AM Debra Bynum

STATE OF MICHIGAN
WAYNE COUNTY CIRCUIT COURT

Maria Drew-Cushingberry
Plaintiff

Case Number: 2020 CK

V

United of Omaha Life Insurance Company
Defendant

Gad L. Holland P26655
Attorney for plaintiff
500 Griswold, Suite 2435
Detroit, Michigan 48226
(313) 965-0400

COMPLAINT AND JURY DEMAND

There is no other pending or resolved
civil action arising out of the same
transaction or occurrence as alleged
in the complaint.

1. Plaintiff is a resident of Wayne County, Michigan.
2. The defendant is a Michigan corporation with its principal place of business in Wayne County, Michigan.
3. The cause of action in this matter occurred in Wayne County, Michigan.
4. The amount in controversy in this action is in excess of twenty five (\$25,000) dollars.
5. A disability insurance policy was issued to plaintiff by the defendant.
6. Plaintiff has sustained a disability due to a sickness, illness or disease covered by the policy.

7. Plaintiff has fulfilled all the terms, conditions and condition precedents to be entitled to all disability benefits pursuant to the insurance contract.
8. The defendant has failed to pay the disability benefits plaintiff is entitled to receive pursuant to the policy issued by the defendant.
9. Plaintiff remains disabled and is permanently disabled from engaging in any form of employment.

WHEREFORE, plaintiff requests that this honorable court enter a judgment in favor of plaintiff and against the defendant in an amount in excess of twenty five (\$25,000) dollars together with costs, interests and attorney fees.

JURY DEMAND

Plaintiff hereby requests a trial by jury.

/s/Gad L. Holland P26655
Attorney for plaintiff